TRAVEL EXPENSE CLAIM Stee Instructions and *Privacy STD. 262 (REV. 9/2007) Statement On Reverse Side											Page	of	(jės	
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					DEPARTMENT			
	ert Prio	ce									<u> </u>				
POSITION CB/ID No. Governing Board Member							DIVISION or BUREAU CIRM						INDEX NU	MBER	
RESIDENCE ADDRESS * CITY STATE ZIP CODE (1) NORMAL WORK HOURS								HEADQUARTERS ADDRESS						TELEPHONE NUMBER	
								210 King Street, 3rd						96-9255	
								CITY				STATE		ZIP CODE	
								San Francisco (2) PRIVATE VEHICLE LICENSE NUMBER				CA 94017			
I) NOR	MAL WO	RK HOURS				(2	!) PRIVATE V	EHICLE LICI	ENSE NU	MBER	(3) MI	LEAGE RATE	CLAIMED		
4) MONTHYEAR (6)		(7) (8) MEALS				(9)	(10) TRANSPORTA			ATION		(11)	(12)		
June		LOCATION WHERE EXPENSES	131			O.T., L/T,		(A)	(B)	(C)	(D)			TOTAL	
5) DATE	TIME	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE	CARFARE, TOLLS, PARKING	PRIVA	TE CAR USE	BUSINESS EXPENSE	EXPENSE FOR DAY	
22	11:15	Oakland / San Diego						333.40	A	34.28	IMILEO	0.00		367.68	
26	20:00	San Diego / Oakland													
26		out progo, outstand										0.00		0.00	
										***************************************		0.00		00.0	
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3)	5	SUBTOTALS	00.00	0.00	0.00	0.00	00.0	333,40		34.28	00.00	0.00	00.0	367.68	
COLUMN CODE (ACCTG. USE ONLY)							13 T								
	C	CLAIM TOTAL												\$367.68	
1) PUR	POSE O	F TRIP, REMARKS AND DETAILS (At	tach receipts/vo	uchers when	required)						Ac	ENCY ACC	OUNTING (OFFICE	
22	-2	3) 1000	Bo	bro	M	dg							EONLY		
		•										·······································	one built	i samervina (i) F	
						1	1								
5)	HEREB	Y CERTIFY That the above is a true s	tatement of the	travel expen	ses incurred	<u></u>		DA miles is		in (4 0) - (40-44	if a private	ely owned veh	icle was	
	ised, and	if mileage rates exceed the minimum	ig to v		and seat bei							he requirem	ients as preso	onbed by	
AIMAI L			7/19/									DAT	re '・ <i>2</i> フ・/	//	
CONTRACTOR OF THE PARTY OF THE	CIAL FY	PENSE AUTHORIZATION - SIGNATUR	RE and TITLE	See Item 17	on reverse)							DAT			
) SILL					274								-		